

Continuing Professional Development in Pharmacy

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ABSTRACT

Objective: To summarize a resource document that explains the concept and components of continuing professional development (CPD) for pharmacists, describes some of the drivers behind the reevaluation of current systems of continuing pharmacy education (CE), defines relevant terms, and outlines some experiences with CPD in selected countries that have already adopted the model.

Summary: CPD is an approach to lifelong learning being discussed as a potential model for pharmacists in the United States. CPD does not replace CE, but quality-assured CE is an essential component of CPD. Evidence is mounting, however, that traditional methods of CE do not adequately meet the lifelong learning and professional development needs of health care professionals (HCPs) and are not always successful in affecting practice behavior and improving patient outcomes. The Institute of Medicine has concluded that the education and training of HCPs is in need of major overhaul. CPD, which is based on sound principles and adopts educational strategies that have been shown to be effective, potentially offers a quality improvement to the current systems for pharmacist CE.

Conclusion: Interest in and support for the concept of CPD is growing. Case studies of successful implementation in the United States and other countries now exist. Further discussion on the implications of widespread implementation for pharmacists in the United States is needed.

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In a changing, increasingly complex profession, and with rapid medical and technological advances, the need for lifelong learning for pharmacists is irrefutable. Patients have a right to be confident that professionals providing health care remain competent throughout their working lives. Regulatory bodies assume the responsibility to assure this as much as possible. Some people have questioned whether current systems provide a satisfactory level of assurance and have advocated change, including the introduction of a relicensure examination or other methods of direct assessment of competence. There is, however, movement among health professions within the United States and in other countries to create an alternative process to relicensure examination. Continuing professional development (CPD) is a framework, or an approach, for lifelong learning that is being discussed as a potential model for pharmacists in the United States.

A resource paper written to describe the concept of CPD and some of the drivers behind the reevaluation of the current systems of continuing education (CE) for pharmacists, to define relevant terms, and to outline the experiences of selected countries that have already adopted a CPD model is summarized in this article.¹ The resource paper is intended to provide a basis for further discussions regarding CPD and what it could mean for the pharmacy profession and pharmacists if widely implemented in the United States.

AT A GLANCE

Synopsis: The Council on Credentialing in Pharmacy (CCP) has developed a resource document on continuing professional development (CPD), available on its Web site (www.pharmacycredentialing.org/ccp/cpdprimer.pdf), that sets forth a model of CPD, describes reasons for its development, and outlines experiences with CPD in select countries. CCP's document is summarized in this Commentary.

Analysis: *Traditional approaches to continuing education (CE) are designed to provide assurance that licensed practitioners maintain and update their professional competencies. While CE is effective in improving some aspects of professional competency, it does not fully address the required competencies identified by the Institute of Medicine. CPD endeavors to address this issue by providing a framework for lifelong professional learning. While it includes CE as one component of the model, CPD is self-directed and practitioner centered and emphasizes practice-based learning. CPD is outcomes based and designed to meet specific goals, with the ultimate goal of improving public health outcomes.*

The Continuum of Education

While an appropriate, competency-based education can prepare a pharmacist to enter practice, no professional program can provide or develop all the knowledge, skills, attitudes, and abilities that a pharmacist will ever need. These require a combination of an appropriate pre-service educational foundation, in-service training, hands-on work experience, and lifelong learning. For professionals, education is a *continuum*. The educational strategies, and competency- and outcomes-based approaches that are successfully used for pre-service training must be maintained and expanded throughout the practitioner's career.

Unlike medical practitioners, most pharmacists do not obtain postgraduate qualifications and/or specialty certifications, although a variety of such programs are offered. Certificate programs, national standards for which were introduced in 1999, are longer than the average CE program (minimum of 15 hours of CE) and are designed to develop knowledge and/or skills in a specific area (e.g., immunization, diabetes management). To date, participation in certificate programs by pharmacists has been limited. Emphasizing the *professional development* of practitioners, CPD expands (in breadth and depth) the traditional models of lifelong learning, thereby offering, some believe, a *quality improvement* to current systems of CE. CPD is not a replacement for CE; quality-assured CE and certificate programs are essential components of CPD.

CPD is self-directed and practitioner centered, and it emphasizes the importance of practice-based learning. Its purpose is to ensure that pharmacists *maintain their knowledge, skills, and competencies to practice* throughout their careers in their specific area of practice, to *improve the pharmacist's personal performance*, and to *enhance the pharmacist's career progression*. CPD is outcomes based, and is designed to meet specific goals and objectives of the individual pharmacist and his or her organization, and ultimately to improve patient and public health outcomes.

Planning Personal Portfolios

Although variations of the model have been adopted or discussed, CPD essentially involves a cycle in which individual practitioners *reflect on their practice and assess their knowledge and skills, identify learning needs, create a personal learning plan, implement the plan, and evaluate the effectiveness* of the educational interventions and the plan in relation to their practice. *Documentation* is an integral aspect of CPD, and a *personal portfolio* is used for this purpose. A *five-step cycle* was used in a statement on CPD adopted by the International Pharmaceutical Federation (FIP) in 2002,² and an adaptation of that five-step cycle (Figure 1) has been used as the basis for some of the discussions in the United States.

A further modification of the above cycle, in which "documentation"—the portfolio—is shown as a central component (but not

a separate stage) of the cycle, is offered here for consideration (Figure 2).

The principles of CPD can be summarized as follows:

- CPD is a systematic, ongoing cyclical process of self-directed learning.
- It includes everything that practitioners learn that enables them to be more effective as professionals, that is, both traditional CE and other forms of professional development.
- CPD includes the entire scope of the practitioner's practice and it may include activities both within and outside the usual work setting.
- CPD is a partnership between the practitioner and his or her organization, meeting the needs of both.
- Practitioners are responsible for their own professional development. Organizations have a responsibility to help practitioners meet development needs that relate to performance in their current jobs.

Many factors are driving a critical reevaluation of the systems currently used to provide a satisfactory level of assurance that licensed practitioners, especially in the health professions, are maintaining and updating their competencies to practice. Using the approach most common for health professions, virtually all state boards of pharmacy rely on pharmacists' participation in a defined number of hours or CEUs (defined as 10 contact hours of participation in an organized CE experience under responsible sponsorship, capable direction, and qualified instruction) of accredited, or otherwise board approved, CE to provide this assurance. Since the mid-1970s, when the number of states requiring mandatory CE started to grow, the number of accredited providers offering a broad range of quality CE programs has expanded significantly. These programs are offered in a variety of formats to accommodate different learning needs and preferences. However, few specific requirements (by state boards) monitor or mandate the content of CE or its relevance to the specific practice of the licensed

pharmacist. Meaningful assessment of learning is difficult and in many cases is not even attempted.

A growing body of evidence (primarily from the medical literature) demonstrates that while CE *can* be effective in improving knowledge, skills, attitudes, behavior, and patient health outcomes, traditional approaches to CE are not usually curricular in nature, do not optimally address all required competencies, and are not always successful in affecting change in practice behaviors. Many factors can influence the effectiveness of CE and its impact on performance, practice, and patient outcomes. Previous studies have perhaps not adequately taken into account this complexity and investigated all factors. More research is needed to improve our understanding in this regard. Ample studies, however, indicate that use of multiple educational methods and participation in learning activities are more likely to achieve sustainable learning and practice change when these efforts:

- Are self-directed
- Are based on identified learning needs and/or personal goals
- Are relevant to practice, interactive, and ongoing
- Have defined outcomes for the practitioner and the organization
- Can be reinforced through practice

In essence, these elements form the basis for the CPD approach.

Health Professional, Heal Thyself

Pressure to change is coming from outside and within the pharmacy profession. Providers of health care services are being required to be more focused on quality and quality improvement.

In a series of reports, the Institute of Medicine (IOM) has highlighted deficiencies in the health system, identified key factors contributing to the state of affairs, and made a number of recommendations. Of concern, IOM notes that the knowledge and skills of health care professionals (HCPs) are often not optimally used,

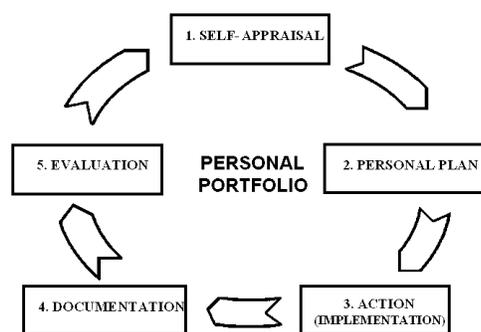


Figure 1. Adaptation of Five-Stage Cycle Used by FIP

Abbreviation used: FIP, International Pharmaceutical Federation.

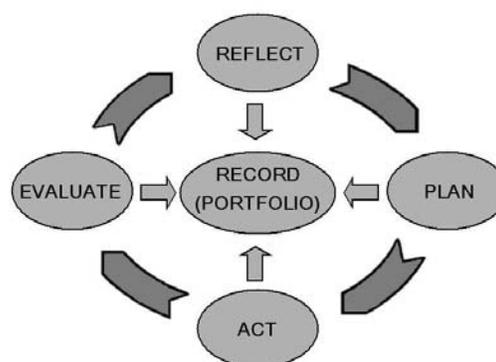


Figure 2. CPD Cycle Centered Around a Portfolio

and that problems arise because HCPs work in a system that does not adequately prepare them, or support them once in practice, to achieve the best for their patients. IOM concludes that the education and training of HCPs are in need of major overhaul, advocates that education and training (both pre-service and lifelong) need to be competency based, and identifies five core competencies required by all HCPs (provide patient-centered care, work in interdisciplinary teams, employ evidence-based practice, apply quality improvement, and use informatics).

IOM has gone further by recommending that all health professions should move toward requiring licensed health professionals to demonstrate periodically their ability to deliver patient care through direct measures of technical competence, patient assessment, evaluation of patient outcomes, and other evidence-based assessment methods. This latter recommendation has profound implications, but it is unlikely that a system of direct assessment (already in use in some countries) is feasible or considered desirable by the pharmacy profession in the United States at this time.

A white paper on pharmacy's future roles, responsibilities, and manpower needs, published in 2000, noted that while the philosophy of pharmaceutical care was broadly endorsed in the early 1990s as the new vision for pharmacy, progress toward widespread implementation of the practice model had been frustratingly slow.³ The importance and enormity of the change involved have probably been underestimated. While several factors have affected the rate of implementation of pharmaceutical care, the fact that many practicing pharmacists were not originally trained for such a practice model—and may lack some of the required knowledge and skills—must be considered. For many pharmacists, a retooling is probably required, and it would appear that current CE systems, which primarily focus on improving and updating practitioner knowledge, are unlikely to adequately address this need.

Neither CPD nor CE alone can assure competence, and CPD per se is, as yet, a largely unproven model in pharmacy. However, can CPD, based on sound educational principles, provide a better model to support effective lifelong learning for pharmacists? Early adopters of the concept believe so, and some good examples of CPD are emerging in pharmacy and in other professions. Great Britain and the province of Ontario, Canada, provide good case studies from programs initiated for pharmacy in the mid-to-late 1990s.

An Opportunity for Flexibility

In the United States, interest in CPD is growing, as is support for the concept, evidenced by recent statements and resolutions by several national pharmacy organizations. Not all stakeholders, however, will feel the need for change and, while CPD appears logical and straightforward as a concept, if adopted, implementation would certainly bring challenges along with opportunities. If CPD advances, a different approach will be required by CE providers, practitioners, and their employers or institutions. New skills and competencies will need to be developed. For example, identifying individual learning needs and developing a personal learning plan are areas in which few currently have expertise. Based on the experiences of other countries, a system that includes some flexibility is likely to achieve better “buy in” by pharmacists. Evidence from Great Britain and Canada also indicates that a majority of pharmacists have been able to demonstrate that they can self-direct their learning at the required level, that personal adoption of CPD was not as “burdensome” as expected, and that CPD was, overall, well accepted by pharmacists.

The full implications of widespread adoption of a CPD model need further discussion, and responses to this Commentary are welcome in *JAPhA*'s Letters column. Many questions remain unanswered. Do pharmacists believe that the current CE system satisfactorily meets their knowledge and skill needs? Are pharmacists going outside the pharmacy profession to have these needs met? Do pharmacists participate in valuable learning experiences that are not formally recognized? Would pharmacists favor a relicensure examination? Are there other mechanisms that would provide the public with the assurance that pharmacists are meeting the required competencies?

A perfect solution—simple, effective, inexpensive, and acceptable to all—does not exist, and is unlikely ever to be realized. However, it appears that a *quality improvement* of the existing system for pharmacist CE can be achieved and needs to be purposefully explored by the profession in a timely manner.

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